SUMMER RECREATION PRELIMINARY APPLICATION

Please <u>print</u>. Fill out the application as accurately and completely as possible.

Title of position applying for:					_
Name:LAST	FIRS	ST			MIDDLE
Street Address:	Cit	у	State	Zip	_
Phone/ Social Security N	0				
Are you under 18 or over 70 years of age? YES	NO _				
Year you graduated or will graduate from high					
Describe all duties including the following infor	mation:				
1) All experience which tends to qualify you for Estimate the time you spend on each duty, supervision. NOTE: Voluntary experience is way as paid employment, noting the voluntary course of service, note as separate employment.	4) The num s acceptabl ary experie	ber of ind e as quali	lividuals s fying you f	upervised. 5 or the job. I	5) The extent of such Please complete the same
Business:	_ Phone: _	_/			
Address: State: _	Zip: _				
Type of Business:	Your title:				
Name of Supervisor:		Title:			_
Length of employment:	to				
Description of duties:					
Duginogg	Dhono				
Business:					
Address: State: _	_				
Type of Business:					
Name of Supervisor:					_
Length of employment:	to				
Description of duties:					

Other experiences pertinent to this job:		
Business:	Phone: ()	
Address:	State: ZIP:	
Type of Business:	Your title:	
Name of Supervisor:	Title:	
Length of employment: to		
Description of duties:		
Business:		
Address:	State: ZIP:	
Type of Business:	Your title:	
Name of Supervisor:	Title:	
Length of employment: to		
Description of duties:		
Skills in Sports/Recreation: Indicate any special skills you have that would enhance th hobbies, etc.	e summer recreation progra	am; i.e., arts & crafts,
List any sports which you are proficient at:; indicate the n	umber of years which you ha	ave participated:
Indicate any coaching experience you have:		

Please indicate any you currently possess & their expiration date:					
Standard First Aid Expiration Date: CPR for the Professional Rescuer Expiration Date: Lifeguard Candidate Training Expiration Date: Instructor Candidate Training Expiration Date: NOTE: ALL CANDIDATES POSSESSING CERTIFICATION MUST SUBMIT A COPY OF THE CERTITICATION WITH THIS APPLICATION. IF YOU ARE PRESENTLY OBTAINING CERTIFICATION, PLEASE INDICATE WHEN YOU EXPECT TO FINISH YOUR COURSEWORK.					
REFERENCES: Please list three (3) references and include: name, address, telephone no. and the number of years you've been acquainted. (OTHER THAN RELATIVES).					
1)					
(PHONE)					
2)					
(PHONE)					
3)					
(PHONE)					
COLLEGE/UNIVERSITY: Are you currently enrolled or will be enrolling in college/university? YES NO If yes, what is your field of study?					

**All candidates will be responsible for submitting the names of three (3) personal or business references.

Candidates may opt to submit an additional essay explaining specifically why he/she would make a good summer employee.

*DEADLINE FOR SUBMITTING APPLICATIONS IS MAY 15, 2020

Please return completed application to: City of Lockport

At what college/university are you enrolled and give its location:

When would you be available to begin work? _____

CERTIFICATION

Department of Civil Service One Locks Plaza, Room M-11 Lockport NY 14094